

mildly, and without griping. The doses are  $\mathfrak{z}\text{ij}$ . to the 6 or 8 ounces of infusion or decoction; from 4 to 20 grains of the extract;  $\mathfrak{z}\text{j}$ . to  $\mathfrak{z}\text{ij}$ . of the tincture; and 20 to 60 grains of the powdered bark.

Of 19 cases of dropsy treated by this root, 5 only had increased secretion of urine, followed in 4 cases by complete cure; but in these the collection of water was confined to the abdomen and legs: there was no organic disease or symptomatic fever. In the other cases, the medicine had no effect on the kidneys or on the dropsy; but, in 12 instances, produced such a diarrhœa as forbade its further employment. Most patients complained of nausea, and a few of vomiting and griping. It was also given in considerable doses to a patient labouring under disease of the heart; but, as it rather increased than allayed the palpitation, its use was given up, after 260 grains had been taken. It was also given to two healthy men, in very large doses, when it caused two or three stools daily, but produced no change in the quantity of urine. From these experiments, Albers joins his countrymen, Langendorf and Martius, in denying its diuretic powers, and placing it amongst the drastic purges, by the side of the *Helleborus niger*.—*Med. Gaz. from Medicinische Zeitung, No. IV. Sept. 1832.*

11. *Liniment for Chilblains*.—The following liniment rubbed upon the inflamed part before a brisk fire, is said to cure the worst chilblains, if they have not ulcerated. Take purified chicken fat or lard, oil of sweet almonds, of each, 12 oz.; yellow wax, 4 oz.; melt together by a gentle heat, pour into a heated mortar, and when nearly cold, take of oil of lavender, 3 oz.; aq. ammoniz, 1 oz.; camphor, 1 oz.; tincture of black mustard seed, 2 oz. The volatile oil is to be mixed with the ammonia, and the camphor dissolved in the tincture of mustard seed, they are then to be poured on the fatty mass in the mortar, and well triturated.—*Journal de Chimie Medicale.*

## PRACTICE OF MEDICINE.

12. *Use of Liquid Styraz in the Treatment of Blennorrhœa and Leucorrhœa*.—M. LUENITZEN recommends the liquid styraz for the cure of gonorrhœa and leucorrhœa. He states that it possesses all the useful properties of copaiba, and is not disagreeable to the stomach. The form which he prefers is in pills:—*R.* Styraz liquid purif.  $\mathfrak{z}\text{j}$ ., pulv. glycirrh. q. s.; make into pills of six or eight grains each, of which three are to be taken morning and evening. It may also be given in the form of syrup, made according to the following recipe:—*R.* Styraz,  $\mathfrak{z}\text{ij}$ ., Aq. puræ,  $\mathfrak{lb}\text{ij}$ ., Saccharum,  $\mathfrak{lb}\text{iv}$ . This preparation is particularly useful in leucorrhœa, which soon yields to its use.—*Gaz. Med. October 2d, 1832.*

13. *Diabetes cured by Tannin*.—Dr. GIADONOW relates in the *Annali Universali di Medicina* two cases of diabetes cured by tannin. He gave the remedy in combination with opium, as follows:—*R.* Tannin,  $\mathfrak{z}\text{ij}$ ., Pulv. opii, gr.  $\frac{1}{2}$ . M. Div. into three powders, one morning, noon and night. The quantity of tannin was gradually increased to four scruples daily. The first patient was cured in ten, and the second in twelve days.—*Gaz. Med. Sept. 15, 1832.*

14. *Hæmostatic*.—Dr. ARENTZ, of Norway, recommends nitric acid as a most powerful remedy for the stoppage of hæmorrhage. In bleeding from a vessel too deeply-scated to be easily accessible, or in false aneurism, he pours eight or ten drops of the nitric acid into the wound.—*Ibid.*, and *Casper Critisches Repertor*, l. xxx. c. 1.

15. *On the External Use of the Cod-Liver Oil, in the Impetigo Scabida, &c.*—Dr. MARSHALL HALL, in a note in the *London Medical Gazette*, for September

last, states that in some troublesome affections of the skin, especially of the hands, conjoining the characters of impetigo, with crisperlatous redness and swelling, and inducing the most severe suffering, he has speedily succeeded in restoring the cutaneous textures to a healthy condition by the external use of the cod-liver oil, after all other remedies had been tried fruitlessly.

For rhagades or chaps it is, he says, a preventive and speedy cure; and it is productive of great benefit in eczema, and other diseases inducing excoriation and fissures of the skin.

16. *Excoriated Nipples*.—According to Dr. BUNSHANAT, pyroligneous acid, mixed with white of egg, is an excellent application for excoriated nipples, even when attended with great irritability.—*Gaz. Med.*

17. *Cases of Abscess in the Pelvis, with Clinical Remarks*. By CHESAN HAWKINS.—CASE 1. *Diseased Sacrum—Fæcal Abscess*.—Elizabeth Bartholomew, æt. 28, admitted June 13, 1832, under the care of Mr. Hawkins. She was confined about twelve months ago, but has not nursed her child, having been obliged to wean it when about six weeks old, on account of sore nipples. About nine months ago she had inflammation of the bowels, which required the application of leeches, and she subsequently suffered from cholera, by which illnesses her health suffered materially. About eight months ago she first experienced pain and tenderness in the left side of the abdomen and groin, followed in a fortnight by swelling; and, about five or six weeks after this, a puncture was made, by which she says two quarts of very offensive pus were evacuated. The discharge continued to be very fetid for a few days, and then became more healthy, and the orifice is frequently quite closed. She has not menstruated since her confinement, but she says that at each menstrual period she has acute pain in the back, with bearing down, and pain in micturition, with frequent desire to make water; and at those periods the abscess discharges, for a few days, a thin fluid unmixed with blood, and then heals up again. She says she has not become much worse in health since the abscess first opened, but is very thin and emaciated, and perspires much, and has a troublesome cough, with mucopurulent expectoration; she sleeps ill, has a bad appetite, and a quick weak pulse. There is no pain or tenderness in the back or loins, and she says she never feels any except at the supposed menstrual periods. Matter can be pressed down from the iliac fossa from a considerable sized cavity, through two openings on the front of the abdomen, near Poupart's ligament.

June 20th. Some fæcal matter was observed to come through the openings.

July 17th. This circumstance was again observed to-day.

July 26th. She has much improved in health under a nourishing diet, with a small quantity of wine and porter, and the use of bark and quinine, with opiates to relieve her restlessness and cough, and once some chalk mixture, on account of diarrhœa. The openings into the abscess have been enlarged, so that the discharge has been free, and it has gradually diminished, as if the cavity was contracting, and she has had no pain since the bistoury was employed.

To-day the discharge has been more profuse, and mixed with fæces; and she has general pain and considerable tenderness over the whole abdomen, with rigors, succeeded by hot and dry skin, and a hard pulse, 120.—Hrud. xij. abdom.; Haust. Salin. Effervescence, 4tis horis.

27th. Relieved by the leeches.

31st. Some return of pain and tenderness, with more profuse discharge, and mixture of fæces; much perspiration and great debility. The openings in the groin, which had contracted, being again laid open, a considerable cavity was found to have formed in the hollow of the ilium and the outside of the hip.—Vini Rubii, ʒvj.; Juseculi Bovini, Oiss. &c. Fotus Papar. Abdomini.

August 23d. She has occasionally had the pain in the abdomen, which is re-

lieved by fomentation, and her wine has not been intermitted. She has also again suffered once or twice from diarrhœa, requiring opiate enemata and chalk mixture occasionally. Her cough has been lately more troublesome, and the expectoration more copious.

*September 3d.* She has gradually got weaker, and has suffered much from irritation in the bowels, producing frequent diarrhœa. The abscess has lately discharged less pus, but frequently fecal matter. Died this morning.

On passing a director from the wound, which was much contracted, it was found to lead directly upwards towards the spine; and on laying open the cavity of the abscess, which was reduced to a mere sinus, it was found to lead to exposed bone at the upper part of the sacrum, and the under surface of the body of the last lumbar vertebra, the cartilage of which at the posterior surface was softened, and a probe passed behind to the opposite side of the sacrum, which was also exposed and covered with a small quantity of pus. From the general cavity, which occupied the substance of the psoas muscle, a sinus ran outwards in the substance of the iliacus internus, and a portion of carious bone, of the size of a shilling, was found at the centre of the crest of the ilium, but did not extend beyond. Inwardly the cavity extended over the linea ileopectinea for about an inch and a half, and here communicated with the sigmoid flexure of the colon, (which was adherent to the cyst,) by two small orifices, about large enough to admit the point of a common director. The intestines were collapsed and generally healthy, but a portion of ilium, six inches in length, was adherent to the side of the abscess at the margin of the pelvis; recent lymph was deposited on its outer surface, and the mucous membrane was highly inflamed and ulcerated in many places. The uterus was also adherent at this part.

The lungs were much diseased, having several vomicæ at the apex of each, and tubercles throughout their whole substance.

*CASE II.—Diseased Hip—Abscess bursting into the Bladder.*—George Farrow, æt. 15, admitted July 5, under the care of Mr. Hawkins. He is a weak scrofulous lad, who has been constantly in ill health. About ten weeks before his admission, he had a violent cold, with fever, and an abscess formed over the right tibia, which, when opened, was found to be connected with dead bone; and a few days before his admission a fresh abscess formed in the calf of the leg, with much inflammation, in consequence of the matter from the back of the tibia not being able to escape, two-thirds of the circumference of the bone being dead. He has also complained, for the last three or four weeks, of much pain about the hip of the same side, and has had an issue behind the trochanter, which has been allowed to heal, in consequence of the irritation it excited. On admission, the openings over the tibia were discharging freely, and there was some swelling apparently connected with the femur rather than the hip-joint, which extended some way down the bone.—*R.* Haust. Cinchonæ,  $\tilde{\text{ss}}$ .; Acid. Nitric.  $\mathfrak{m}\text{vii}$ . M. his die sumend. Jusculi Bovini. Oj. quotidie. Dieta ordinaria Cerevisiæ fortioris, Oj. quotidie.

*July 31st.* Health much improved. Very little thickening about the femur, and the pain is nearly gone. The ulcers on the leg are also healthy, and much contracted in size, and the exposed bone separating.

*August 3d.* Bowels much disturbed, with sickness.—*R.* Haust. Rhei Comp. h. s. s.; Cont. Haust. Cinch. e. Conf. Aromat.  $\tilde{\text{ss}}$ . vire Acid. Nitric.

*11th.* Leg very painful; bowels now confined, and painful.—*R.* Hydrag. Submur. gr. iv.; Pulv. Rhei,  $\tilde{\text{ss}}$ . M. h. s. s.

*12th.* The wound in the leg is sloughing rapidly, with violent pain.—*R.* Decoct. Cinch.  $\tilde{\text{ss}}$ .; Ammon. Carbon. gr. iv.; Tinct. Opii,  $\mathfrak{m}\text{xvii}$ . M. 4tis horis.

*14th.* Wound still sloughing. The bark heavy on the stomach.—*Vini Rubri*  $\tilde{\text{ss}}$ .v. quotidie. *R.* Mist. Camphoræ,  $\tilde{\text{ss}}$ .; Træ. Opii,  $\mathfrak{m}\text{xv}$ .; Ammon. Carbon. gr. v. M. 4tis horis.

*17th.* Sloughing stopped. Pain ceased.—Cont. Mist. c. Træ. Opii  $\mathfrak{m}\text{v}$ .

*21st.* Wound quite clean, the sloughs having separated.—*R.* Infus. Cuspariæ,

℞.ss.; Acid. Nitric. ℥v.; Acid. Muriat. ℥vj.; Syr. Zingib. ℥ss. M. his die.—R. Mist. Camphoræ, ℞.ss.; Tinct. Opii ℥x.; Sp. Æther. Nitros. ℥ss. M. o. n. s.

28th. Swelling and pain in the right groin, where a gland is felt enlarged and tender.—Appl. Hirud. vj.

September 4th. Since the last note, it was evident that the pain in the groin depended on deep abscess, which has been fomented. He has had a good deal of anxiety and fever, much pain and tenderness in the thigh, which is swelled to half its length, though no matter is perceptible to the touch, and he complains of his water scalding him.

5th. Yesterday afternoon the pain ceased, and he felt a sudden desire to make water, and discharged a considerable quantity of pus from the bladder; in the course of three or four hours, probably about two pints having been evacuated; the portion first discharged being dark-coloured, but the rest becoming subsequently white and healthy in appearance.—Haust. Opiat. h. s. s.; Vini Rubri, ℥vij. quotidie.

11th. Pain and swelling in the thigh much lessened, and his health is somewhat improved, but there is still a good deal of swelling and much tenderness in the groin and lower part of the abdomen on pressure. The water continues mixed with a great deal of healthy pus, which is discharged rather frequently, but without pain or inconvenience. Once or twice the water has been clear, and he thought the pain was increased by this apparent want of free communication between the abscess and the bladder. No fluid can be felt in the thigh.

20th. Going on well, the abscess continuing to discharge by the bladder.

CASE III.—*Diseased Sacrum—Paraplegic Symptoms*.—Jane Elwood, æt. 26, admitted August 1, 1832, under the care of Mr. Hawkins.

Ten or twelve years ago she fell against a stool and struck the sacrum, to which a blister was applied. About two months afterwards an abscess formed at the side of the sacrum, and some dead bone has come away since. She has been twice pregnant, and each time the abscess burst open again after having been healed. It has now continued open a considerable time, and a small piece of dead bone is felt at the bottom of the sinus. About two months ago, a fresh abscess formed over the posterior part of the right ilium, which is now of large size. Since this has formed she has become almost completely paralytic in the lower extremities, especially in the left, which was always weak, and she has had paralysis of the bladder and rectum, so that both the urine and feces are discharged involuntarily. Her health is much impaired, and she is much emaciated.

August 3d. The abscess was opened, and above a pint of pus evacuated.

5th. R. Haust. Cinch. ℞.ss.; Conf. Aromat. ℥j. M. ter die.

8th. The bark not borne well; bowels constipated.—R. Hydrag. Submur. gr. iij.; Pulv. Rhei, gr. xv.; Pulv. Zingib. gr. x. M. h. s. s. Omit. Cinch.

14th. R. Infus. Colombæ, ℞.ss.; Ammon. Carbon. gr. v.; Confect. Aromat. ℥j. M. bis die. Cerevisiæ fort. ℥j. quotidie.

22d. Improving; although another smaller abscess is burst in the loins.

September 1st. Both abscesses healed up. She has regained much flesh and strength, and is able to sit up regularly. She can use her legs so as to walk with the assistance of another person, and the bladder and rectum are recovering their power, so that she can retain all but very fluid evacuations, and can hold the water for several hours, with perfect power of expulsion.

20th. Nearly well.

Clinical Observations.—There are several cases of abscess about the pelvis which have been recently under your observation, which I will take as the foundation for a few remarks, as they are by no means unfrequent, and are sometimes obscure and difficult to manage. In one patient, who died a few days since, you have observed an opening in the front of the abdomen discharging feces: would you look for the cause of such an occurrence in the sacrum? There is a second patient, under Mr. Keate's care, who has had an abscess opened in nearly the same situation, at the side of the abdomen, from which a piece of

the os pubis has come away. In a third, a lad has had scalding in making water, with purulent discharge from the bladder; the cause of which is not in the bladder or kidney, but in disease of the thigh-bone or hip-joint. Here, again, are some preparations, in which abscesses connected with the hip have made their way into the pelvis in other directions. In short, the causes of these abscesses may be so numerous, and their course so varied and extraordinary, as sometimes to render them very puzzling and complicated. In Farrow's case the cause was clearly in the thigh-bone, in a very scrofulous subject.—[The notes of the case which we have narrated were here referred to.]—But let us take the case of Bartholomew more in detail, which has shown you the necessity of careful examination to ascertain the cause of such an abscess.—[Mr. H. here read some notes of her history at the time of admission.]

Now a large abscess in the iliac fossa, or extensive sinuses in the groin or lower part of the abdomen, in which the probe may be buried, naturally lead one, in the first instance, to suspect psoas abscess, depending on diseased spine. The most careful examination, however, could not detect any tenderness in any part of the back or loins, nor any sensibility to the impression of a hot sponge, which sometimes discovers disease of the vertebral column when mere manual examination fails to do so. She had met with no accident, and expressly denied having any pain in the back, except periodically, which she herself attributed to menstruation. But if there was no disease of the spine, might it be a simple abscess in the cellular membrane of the psoas and iliac muscles; or might it be an abscess connected with some disease of the ovary? I saw a patient formerly, at the Asylum, with Dr. Seymour, when we were colleagues at that institution, who had a large abscess in the ovary, which burst and discharged by the vagina; subsequent to which she was admitted, under our joint care, into this hospital since we have been colleagues here also: the abscess having now ulcerated both into the colon and the bladder, so that part of her urine, and the fluid part of the fæces, with flatus, came through sinuses in the groin resembling those of Bartholomew, and she was always worse at the periods of menstruation, when the discharge used to be coloured, no doubt by communication with the vagina. I recollect another woman also, when I was hospital-surgeon here, who used to menstruate regularly through the abdomen; in whom the bones of an extra-uterine fœtus were evacuated by abscess several years after conception. Now Bartholomew also said that the abscess used to reopen, with much pain, at each period that she ought to have menstruated, though the discharge was not red, but thin, neither was it per vaginam. In a few days, however, further light seemed to be thrown on her case, for some fæces were found to come away by the openings; which circumstance, combined with her history of cholera and inflammation of the bowels before the formation of the abscess, and the very fœtid quality of the matter evacuated at that time, seemed to make it most probable that the abscess depended on ulceration of the sigmoid flexure of the colon. It is true a fecal abscess forms most frequently on the right side, from lodgment of fæces or foreign bodies in the cæcum, but they may occur in other situations also; and you may perhaps recollect a man who was under my care not long since, with an abscess in the umbilicus, which, from the smell and colour of the discharge, I have no doubt communicated with the arch of the colon, though fortunately I had no opportunity of verifying the fact, as the man got well.

On whatever cause, however, the disease depended, the treatment was clear; the indications being to prevent accumulation of matter by giving it a free exit, and to support her strength by medicine and diet, although, from the apprehended state of her chest and her great debility, the chances were much against her recovery. At first, indeed, she improved very much, but observe the remainder of her case. [Mr. Hawkins here referred to the case-book for the details before given.]

Now you will observe, from this case, that the neighbourhood of an abscess to the intestines is not unattended with dangers which are not usually anti-

pated from a psoas abscess. The intestines, (both the colon and the small intestine,) adhered to the side of the abscess—both were inflamed—both were ulcerated in the interior, and the colon was even ulcerated through all its coats, making an artificial anus of a dangerous and nearly hopeless kind. You will observe also, that ulceration once excited, your remedial means are constantly counteracted, repeated attacks of diarrhœa destroy your patient's strength as fast or faster than you restore it, and they frequently sink under the disease from this cause only. But this is not all—there is danger also of general peritonitis; especially of that low and fatal kind which so often occurs in debilitated persons. You observe here some lymph on the small intestine, which was adherent to the abscess, but it was merely local, and was not severe enough even to require leeches more than once; so that, in fact, I considered her in greater danger from diarrhœa and irritation of the mucous membrane, than from peritonitis, and treated her accordingly, endeavouring to quiet this irritation while I supported her general strength. Take care, however, not to mistake the apparent debility arising from inflammation of the peritoneum for real weakness. A man was under my care with an abscess between the external and internal oblique muscles, which I opened. This man was carried off in about forty-eight hours by extensive peritonitis, and I found, on seeing him after, that on the first accession of the inflammation, wine had been ordered for the apparently sudden debility.

We found then that the cause of her abscess was disease of the front of the sacrum, and the junction of this bone with the last lumbar vertebra, the matter making its way along the psoas muscle; and this is a common course when the disease is on the inside of the bone. But it may proceed in other directions. Here is the os coccygis of a patient of mine, which I removed by operation, together with part of the sacrum. He was admitted into the hospital, with a fistula by the side of the anus, for operation, but of course, on finding that the probe touched the sacrum high up in the pelvis, the operation was not performed. I was enabled to make an opening behind the sacrum, (where the rectum had been opened by ulceration,) and afterwards removed this bone; the consequence of which was that the fistula was cured. A boy was under my care with a sinus behind the upper part of the sacrum, for which I could find no diseased bone or other cause; but after some little time, upon making an extensive incision of the sinus through the gluteus muscle, by the side of the sciatic nerve, I discovered that the opening led up again, at an acute angle, through the sciatic notch into the interior of the pelvis; the whole of the inner surface of the sacrum being carious or dead. Sometimes the abscesses from diseased sacrum proceed in several directions, even on both sides of the body at the same time. If, again, the posterior part of the sacrum be the seat of the disease, the abscesses will be over the bone itself, or on the posterior surface of the ilium, or in the loins, as you see in Elwood's case. This patient has also another set of symptoms, which Bartholomew did not suffer from, and which are more rare. [Mr. Hawkins here mentioned the particulars of her case, showing the occurrence of paraplegic symptoms.]

Next, as to the treatment of such cases of abscesses from any cause about the pelvis.

1st. Is there an abscess not yet opened? If the skin is getting thin—if the patient is suffering much irritation from the formation of matter, and especially if he has the peculiar symptoms of a *foul abscess*—i. e. one containing sulphuretted hydrogen, either from diseased bone or fœcal abscess, or sloughs, let out the matter as soon as possible. You saw how immediately Elwood was relieved by this means, and how much less Farrow has suffered since the pus came away through the bladder than when it was confined among inflamed parts. You lessen also the danger of peritonitis by taking off the tension of the abscess. A poor little chimney-sweep was mounting a donkey, when he fell off, and trying to get up again he fell over on the other side, and hurt himself considerably on the hip. Three weeks afterwards, he was admitted into the hospital extremely

emaciated, and with high irritative fever. During the first few days I could not ascertain the exact cause of his sufferings, and during that time he was repeatedly threatened with peritonitis, which required leeches and other measures. Then I discovered fluctuation over the front of the iliac region, and making an incision through the linea semilunaris, some way above Poupart's ligament, I let out a few ounces of pus from between the perituncum and the transversalis muscle, the finger passing behind the rectus muscle on one side, and into the iliac fossa on the other side, within the abscess. From this time there was not the least sickness, or tenderness, or tension of the abdomen, and he got rapidly well.

Or 2dly, is the abscess already open, but the openings not sufficiently large to allow a free exit to the pus?—Then enlarge these openings, or make another, if possible, still nearer to the seat of the disease. You saw how much Bartholomew was relieved by this incision two or three times, and at the time of her death the abscess had contracted to a mere sinus, and, but for the diseased bone at the bottom, such a sinus may altogether fill up. It may do so even when some disease still remains, as in Elwood's case, whom I do not consider permanently cured, though all the openings are at present closed. I should wish, if I have an opportunity, to make a counter-opening in Farrow's thigh, to prevent the pus entering the bladder, but I do not at present feel sufficiently positive of the situation of the abscess to do so, though I suppose it is in contact with a considerable part of the femur.

3. A third indication is to relieve irritation by opiates, and to support the patient's strength by proper food, by bark or quinine, and other means which I need not enumerate. Even where the abscess depends on diseased bone, and the bone is not accessible, constitutional means alone will sometimes effect a cure. A young woman called at my house a few days ago perfectly well, who was formerly under my care with disease either of the ilium or sacrum, who had two sinuses in the groin like Bartholomew's, one in the course of the psoas muscle, the other leading deep into the pelvis and communicating apparently with the vagina, as pus had escaped in that direction, and who had abscesses also in the lower part of the loins, where I felt diseased bone at some depth.

4. Is the bone carious or ulcerated, but not dead?—If accessible and superficial, stimulating applications, especially of nitric or muriatic acid, certainly assist in restoring a healthy action in the vessels of the part, while you attend to the more important object of altering the state of the constitution, and under their use the ulcer may heal, or some portion may exfoliate, and the surface below become healthy. If not accessible, as for instance, when on the inside of the sacrum, as in Bartholomew's case, something may no doubt be done at the proper period by blisters and counter-irritants, in the same way as you know that caries of the vertebræ is often checked by their employment; some benefit might perhaps have been obtained if a caustic issue had been made early in the case of Bartholomew. But unfortunately, in general, the insidious nature of the early symptoms prevents the early recognition of the disease, and counter-irritation has less power in diminishing suppuration than it has in preventing its occurrence; besides which, issues have less power over serofulous disease of bones than over ulceration of the cartilages of joints. The issue did no good, for instance, for Farrow's disease of the thigh bone, and they do little for caries of the sacrum or innominatum.

5. Is there some dead bone, separated, or in progress of exfoliation?—Much more good can be done, than is usually imagined, in these cases, by the same treatment which you so often see employed in this hospital in necrosis of the long bones. In Mr. Keate's case, a considerable portion of the pubes has spontaneously separated, but this is generally a very tedious and slow process if left entirely to nature, and you can hasten the cure by laying open the dead bone, and extracting it with the forceps or bone nippers. An old soldier, whom I have twice operated on for strangulated hernia, received a musket wound at the siege of Badajoz, the ball passing through the side of the abdomen, through

the ilium, and out again at the back of the thigh; the wound had remained open ever since, discharging so copiously and exciting so much irritation, as frequently to incapacitate him for active exertion. I cut down to the bone, through the glutei muscles, and removed a portion of loose bone, and cut off some soft carious bone with a chisel, leaving an opening which allowed several fingers to pass through it into the iliac fossa. The wound, which had remained open for nineteen years, healed quickly, and has continued sound ever since. I recollect a patient of Mr. Brodie's, from whom a considerable portion of the tuberosity and ramus of the ischium was removed by an incision through the adductor muscles. Here, again, is the os coccygis of another patient, which I removed by operation, with relief of the same kind.

There are only two other circumstances connected with abscesses about the pelvis which our time will allow me to allude to. The first is the frequent occurrence of phthisis, in conjunction with large abscesses, in this situation, which you have witnessed in Bartholomew's case. The coincidence is very common, and renders it necessary to give a guarded prognosis, even in cases where the local condition seems tolerably favourable. It may be that tubercles in the lungs dispose a person to have abscesses formed in the pelvis, for the same reason that a phthisical state of the lungs so frequently occasions piles and fistulæ in ano; the alteration, namely of the circulation in the extremities of the vena portæ, owing to the mechanical obstruction in the lungs, or else it arises from the debilitated condition of the patient, which calls into activity any latent disposition to disease in the lungs.

The other circumstance is this,—you see that a portion of the ilium, out of the course of the psoas abscess, was exposed and dead in this poor woman, and this is, in fact, frequently found to be a consequence of large abscesses; so that a person with disease in the spine frequently has caries established in another part of the spine, or in one of the bones of the pelvis, from the mere contact of matter. This serves to show you the propriety of opening even chronic abscesses tolerably early, lest the addition of dead bone in another situation render the case more complicated, and the cure more uncertain.—*London Med. Gaz.* Sept. 29, 1832.

18. *Epilepsy cured by Ligature of Common Carotid Artery.*—J. R. PRESTON, Esq. relates in the Transactions of the Medical and Physical Society of Calcutta, Vol. V. a case of this kind. The subject of it was a man, twenty-five years of age, sanguineous temperament and muscular, who had been subject for five years to very severe epileptic fits, recurring generally about once a fortnight. The fits have generally recurred without any assignable exciting cause, but have also occasionally been induced by intemperance. There was in this case great cerebral congestion; and to prevent this, Mr. P. determined to tie the common carotid, which he performed on the 4th of February. The artery was secured by a single ligature, which came away on the 5th of March. Up to the 13th of April, when the report was made, there had been no return of the epileptic attacks, nor any tendency to them.

## SURGERY.

19. *Ligature of the Arteria Innominata.*—This formidable operation, which was first performed by our distinguished countryman Professor MORT, has been recently repeated by W. BLAND, Esq. at the Benevolent Asylum, Sydney, New South Wales. The following are the details of the case as given in the *Lancet* for Oct. 20th last.—John Mullen, aged 31, the subject of this operation, had perceived a small and throbbing tumour immediately above, and about mid-length of, the right collar-bone, two years ago; six months afterwards he became affected with superficial pain across the breast, resembling a sensation of tightness, but without any dyspnoea. There were also considerable pain and